RSN/DSHS Meeting

October 22, 2008

What We'll Cover

- **What is the scope of business RSNs will conduct in ProviderOne?**

- **How will RSNs interact with ProviderOne?**

- **How do we prepare for these changes?**

Scope of RSN Business in P1

1. Verifying client eligibility
2. Receiving enrollment and payments
3. Submitting encounters and client demographics
4. Recording inpatient admission utilization review (UR) determinations

Verifying Client Eligibility

Barb Hansen
Client Business Analyst
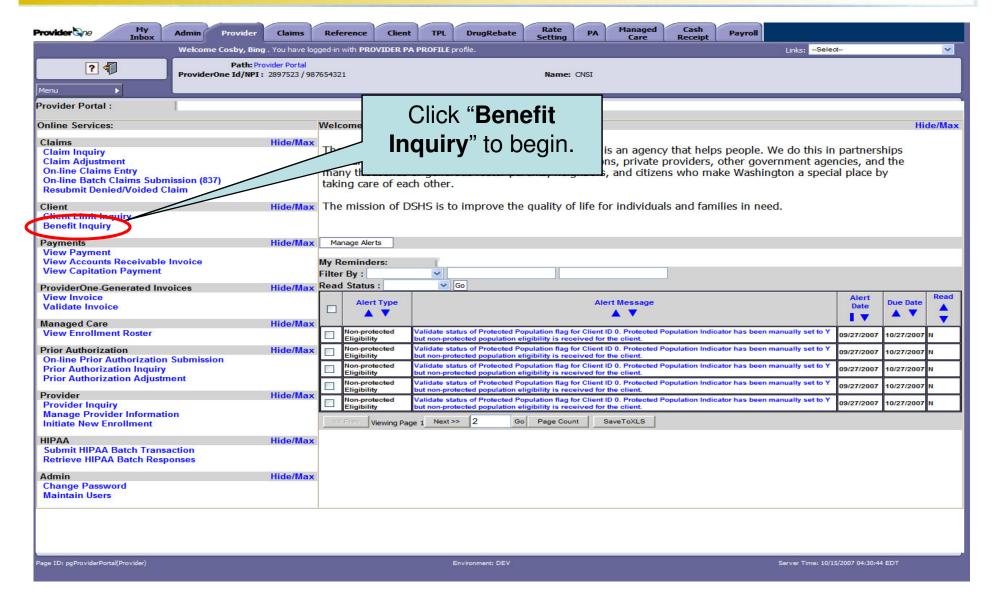
1. Verifying Client Eligibility

- **RSNs and their staff can access ProviderOne to verify client eligibility information**
- **Several free methods available**
  - **Direct data entry on the web using either:**
    - ProviderOne Client ID number
    - Full Name and Date of Birth (DOB)
    - Full Name and Social Security Number (SSN) or;
    - SSN and DOB
  - **HIPAA 270/271 batch submission**
  - **Automated response via Interactive Voice Response (IVR)**
  - **Speak with a customer service representative**
- **Other methods with associated costs**
  - **Magnetic card reader**
  - **MEVs vendor**
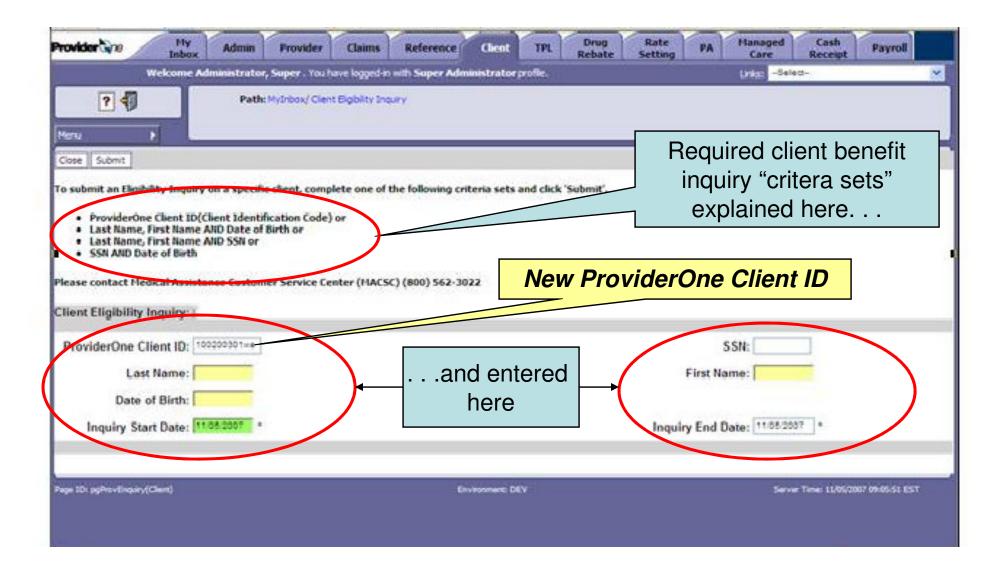
Client Eligibility, cont.

- **All methods access the same source file – same results**
- **Requires a ProviderOne provider ID, user name and password**
  - Any provider, including RSNs and Community Mental Health Agencies, with a ProviderOne ID and password can access client eligibility information
- **ProviderOne authenticates the user before returning client data**
- **Information returned on an eligibility inquiry**
  - Client demographics (for privacy reasons no SSN – no address), eligibility, pending spend-down, managed care (incl. associated RSN), COB, Medicare, restriction info., etc.
- **Client eligibility information in ProviderOne will be more up-to-date than today due to a nightly ACES interface (or more frequently if CSO worker elects to)**

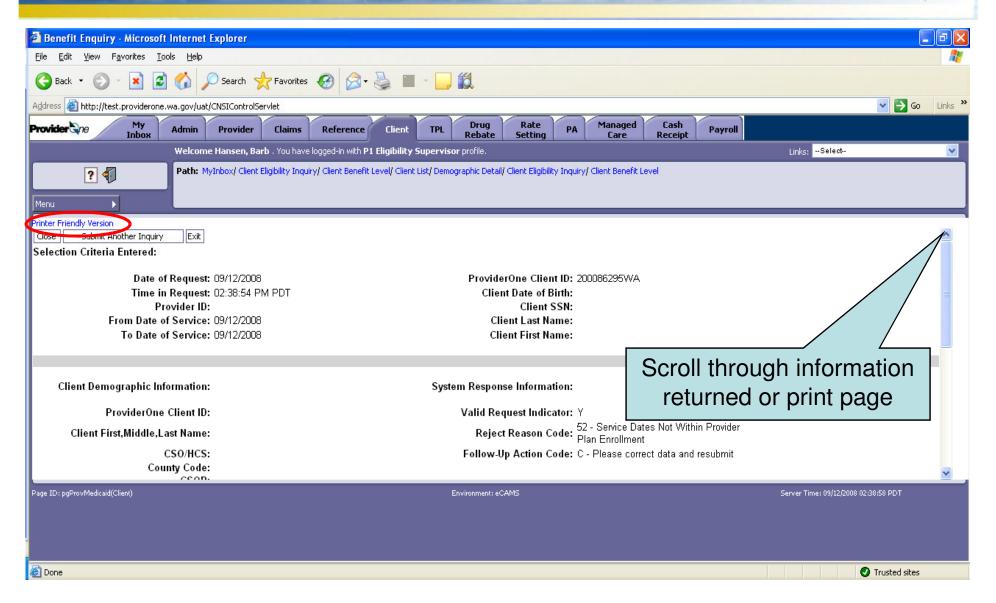# Web Inquiry Using ProviderOne

October 22, 2008

Client Eligibility Inquiry

Selection Criteria Entered

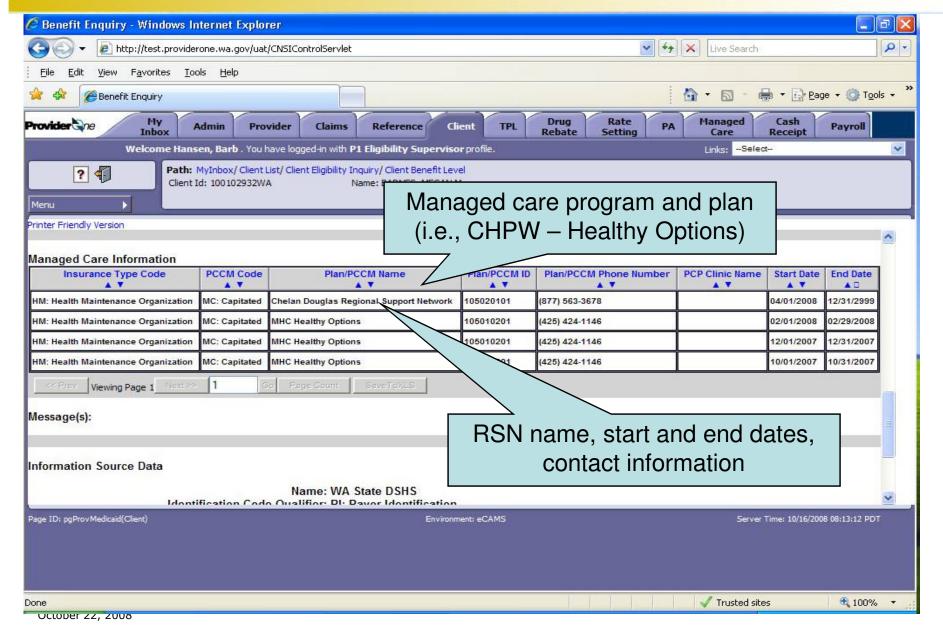# Client Demographic Information

Client Eligibility Spans

Heading name change – same information

Note indefinite date, start and end dates

Previous information provided on MAID

Benefit Service Package description is hyperlink to list of covered programs.

Previous information on MAID

Spenddown Information

ProviderOne

| My Inbox | Admin | Provider | Claims | Reference | Client | TPL | Drug Rebate | Rate Setting | PA | Managed Care | Cash Receipt | Payroll | Client Portal |

Welcome Administrator, Super . You have logged-in with **Super Administrator** profile.

Links: --Select--

Path: MyInbox/ Client Eligibility Inquiry/ C...
Client Id: 100200304WA

Menu

Spenddown Information

> When a client is pending Spenddown, details on base-period and balances are returned immediately following the client's eligibility spans.

RAC Code - 1124   Base Period - Start: 04/01/2007   End: 07/31/2007

Total Spenddown ▲ ▼	Spenddown Liability ▲ ▼	Remaining Spenddown ▲ ▼	EMER Liability ▲ ▼	Remaining EMER ▲ ▼	Spenddown Status ▲ ▼	Update Date ▲ ▼
1500	500	200	1000	200	Pending	06/24/2007
1500	500	300	1000	500	Pending	04/11/2007
1500	500	500	1000	1000	Pending	04/01/2007

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Message(s):

Information Source Data

Page ID: pgProvMedicaid(Client)   Environment: Development   Server Time: 11/02/2007 03:26:51 EDT
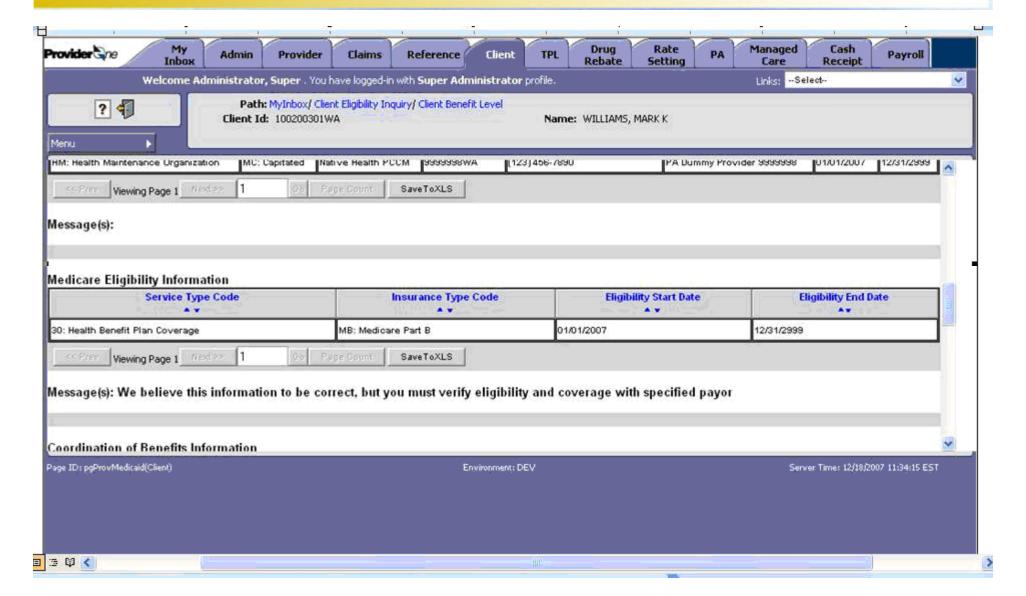
Managed Care Information

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Medicare Eligibility Information
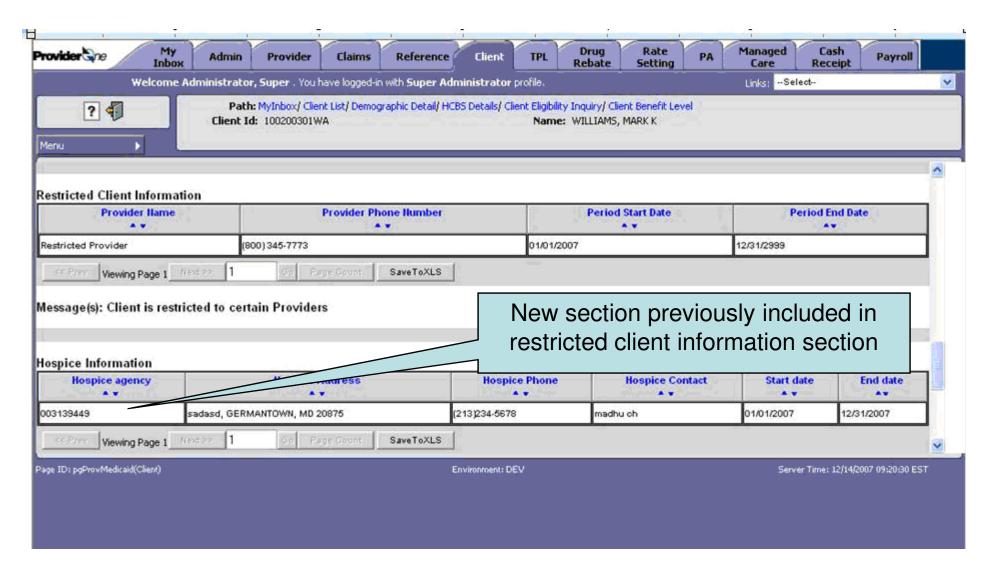
Coordination of Benefits Information

New Individual Sections

ProviderOne

| My Inbox | Admin | Provider | Claims | Reference | Client | TPL | Drug Rebate | Rate Setting | PA | Managed Care | Cash Receipt | Payroll |

Welcome Administrator, Super . You have logged-in with **Super Administrator** profile.

Links: --Select--

Path: MyInbox/ Client List/ Demographic Detail/ HCBS Details/ Client Eligibility Inquiry/ Client Benefit Level

Client Id: 100200301WA   **Name:** WILLIAMS, MARK K

Menu ▶

Restricted Client Information

Provider Name ▲▼	Provider Phone Number ▲▼	Period Start Date ▲▼	Period End Date ▲▼
Restricted Provider	(800) 345-7773	01/01/2007	12/31/2999

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Message(s): Client is restricted to certain Providers

New section previously included in restricted client information section

Hospice Information

Hospice agency ▲▼	Address ▲▼	Hospice Phone ▲▼	Hospice Contact ▲▼	Start date ▲▼	End date ▲▼
003139449	sadasd, GERMANTOWN, MD 20875	(213)234-5678	madhu ch	01/01/2007	12/31/2007

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New Individual Sections

New section previously included in restricted client information section
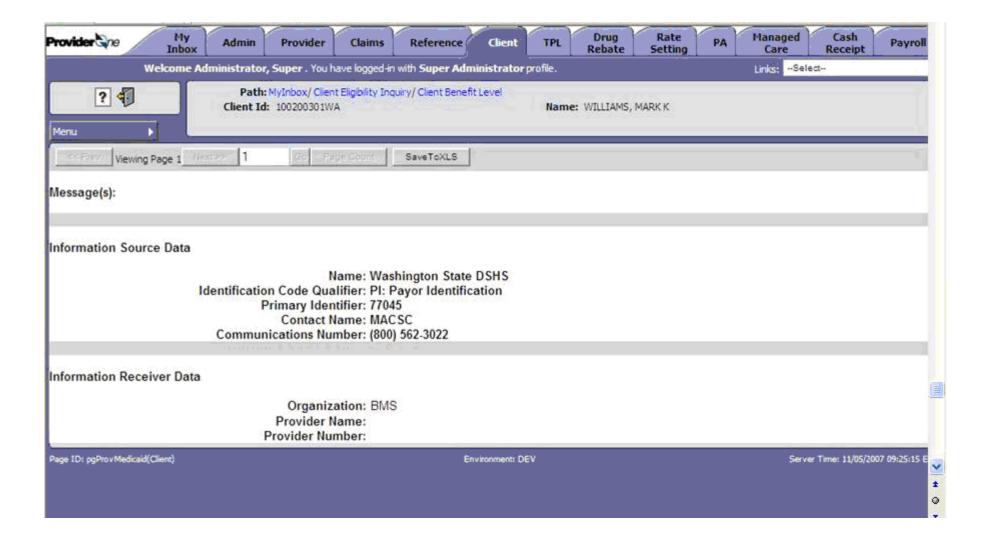
New section previously included in restricted client information section
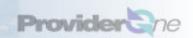
Info Source & Receiver Data

Receiving Enrollment and Payment Information

Denise Davidson
Managed Care Business Analyst

2. Receiving Enrollment and Payment

- **ProviderOne will support the 834 enrollment roster and 820 payment file for RSNs – modeled after current process with Managed Care Organizations (MCO)**
- **Enrollment Roster (834)**
  - Generated by P1 monthly for each RSN based on the client's Residential zip code (derives catchment area) and RAC
  - Replaces the current eligibility file (P1 file is more up-to-date since ACES sends data to P1 nightly or more frequently if required)
  - Updated file sent to RSN weekly to report eligibility changes that occur during the month
  - Retroactive adjustments may occur for up to 6 months for clients moving in and out of a service area (as is the case today)
  - RSNs will pick up the 834 enrollment transaction
- **Capitated Payment (820)**
  - Replaces current A-19 payment
  - RSNs will pick up the 820 payment transaction with the 834 transaction
  - Capitated payment is based on the enrollees on the 834 transaction so both transactions reconcile

Submitting Encounters/Demographics

Denise Davidson
Managed Care Business Analyst

3. Submitting Encounters and Demographics

- **Near term (Phase 1) approach requires 2 data streams:**
  - RSNs submit 837 like encounter transactions for *both Medicaid and state only clients to ProviderOne*
  - RSNs submit non-standard demographic information to *MHD for all clients* to support federal reporting requirements
  - DSHS matches the 2 data streams on the backend using the RSN ID
  - Combined information will be available to RSNs on MHD-CIS as it is today

- **Future (Phase 2) approach to consolidate data streams:**
  - Goal: modify ProviderOne data warehouse to support single source reporting from P1
  - DSHS doesn't want 2 streams either – Phase 1 is viewed as an incremental approach

- **Current issue about valid values that aren't allowed**
  - DSHS is investigating the valid values issue. May involve relaxing edits. Keep in mind that ProviderOne won't be as specific as MHD-CIS

Recording Inpatient Admission UR Determinations

Gail Kreiger

Scheduled for 10/23

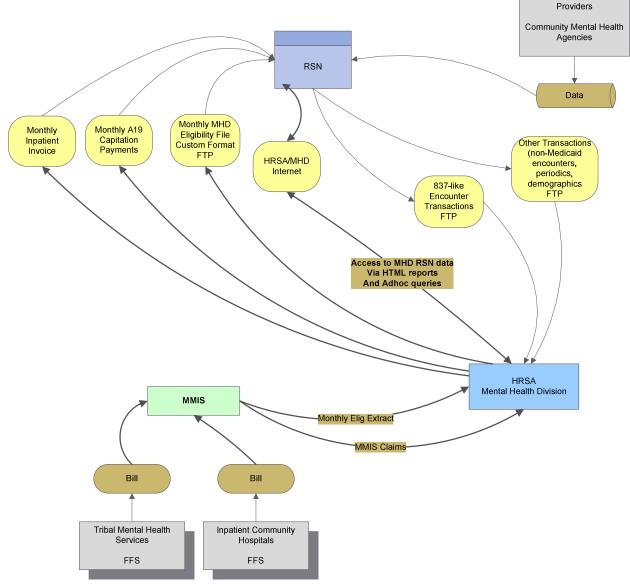# 4. Inpatient UR Determinations

- **RSN staff record the utilization review determinations for inpatient hospital admissions using the ProviderOne Prior Authorization (PA) module**
  - Hospitals initiate requests for approval of inpatient admissions from the RSN
  - Hospital staff and RSN staff can view client eligibility in ProviderOne, including RSN of record
  - Edits have been written into the system to alert the RSN:
    - If the client's zip code does not match the zip code of the RSN. An RSN can send a request to the appropriate RSN to resolve this edit.
    - If the client has TPL;
    - If the client is on managed care plan; and
    - If the client is a foster child
  - Information recorded includes:
    - Admissions denied; or
    - Days approved for psych room & board revenue code, and/or
    - Administrative days by Rev code
- **RSN staff will give PA # to include on the inpatient claim form to hospital staff verbally and via system generated letter**
- **Hospital submits claim prepared with PA # directly to ProviderOne**
  - ProviderOne validates claim against parameters of UR determination
- **ProviderOne will generate reports showing the detail of claims billed against the RSN**
- **DSHS will invoice RSNs for the cost of inpatient claims monthly with the reports providing back-up detail**
- **The dispute process will be handled outside of ProviderOne, with the goal that disputes will be mitigated due to system functionality (e.g. edits)**
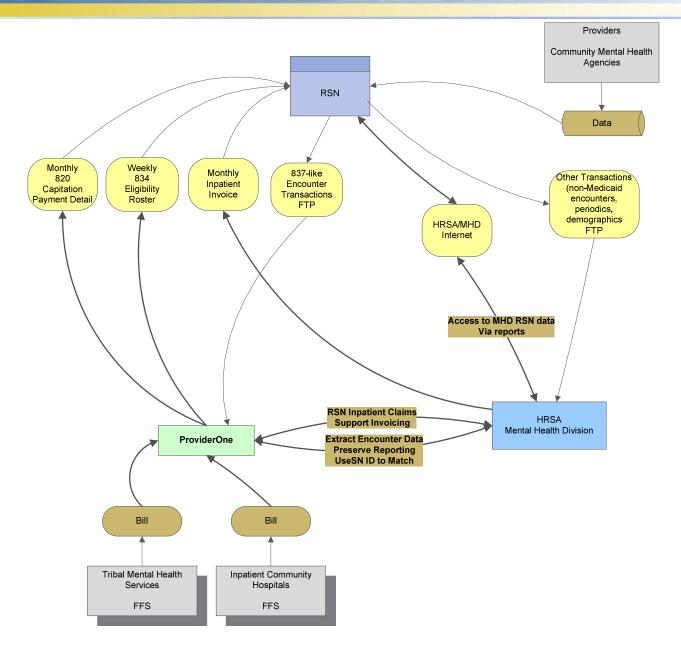
Summary View

Gena Cruciani
and
Brian Coolidge

Data Flow Diagram - Today

Data Flow Diagram – Phase 1

General Information - Summary

- **RSNs will interact with several ProviderOne subsystems:**
  - Provider subsystem to maintain demographics/addresses/NPI information
  - Client subsystem to verify eligibility
  - Managed Care subsystem to support 834 enrollment roster, 820 capitated payment and encounter reports
  - Prior Authorization subsystem to record inpatient admissions for UR determinations
  - Administration subsystem to support security administration
- **Security**
  - RSNs will need to manage their users within ProviderOne to give them user name and password to access these subsystems
- **Pre-production (pilot) testing and timeline**
  - RSNs will participate in pre-production or pilot testing during last 3 months before go live
- **Required Notice Period**
  - RSNs received notice of system changes (Companion Guides) more than 180 days before implementation
- **Trading Partner Agreements (TPAs)**
  - TPA only required if submit batch, electronic transactions (probably not for the CMHA)
  - TPA supplements, but doesn't replace contract – TPAs are very narrow in scope and address electronic exchanges only

What should RSNs do to prepare for Phase 1?

1. **Participate in Provider Registration** – *Near complete for RSNs – some need to verify EFT info and return TPA*

2. **Set-up Security** – *Lab later today*

3. **Continue Updating RSN Systems** – *Complete within next 2 months*
   - Download draft Companion Guides at http://maa.dshs.wa.gov/dshshipaa
   - Technical mapping within Companion Guides is not expected to change
   - Complete system updates per the Companion Guides and test internally

4. **Complete Pre-Production (pilot) Testing** – *Complete in last 3 months before Go Live*
   - Submit (inbound) encounter transactions to validate HIPAA format and content
   - Retrieve and process (outbound) 820 and 834 transactions from DSHS SFTP site

What support should RSNs expect during transition to ProviderOne?

- **Registration**
  - DSHS will register RSNs using information from RSNs (see checklist)
- **Security Training**
  - DSHS will offer webinars and other training information and mail log-in information to RSNs
- **System Changes**
  - DSHS will answer technical mapping questions resulting from the published Companion Guides
- **Testing Support**
  - CNSI (ProviderOne vendor) will answer FTP and HIPAA format questions resulting from a negative 997
  - DSHS will answer questions and help diagnose problems resulting from an Error Tracking Results Report (ETRR) during the pre-production pilot
- **General Communications**
  - DSHS will keep RSNs up-to-date on the schedule and cutover activities through regular channels (see next slide)

How can RSNs get info?

- **Visit ProviderOne internet**
  - http://maa.dshs.wa.gov/providerone

- **Join the email distribution list for ProviderOne Countdown Newsletter & updates**
  - http://listserv.wa.gov/archives/providerone_provider_readiness.html

- **Email questions directly to:**
  - providerone@dshs.wa.gov

- **Call toll free telephone line (1-800-562-3022)**
  - Select "2", then option "4"

ProviderOne Readiness

We need to work together to make sure three areas are ready:

- **Goal: To support continuous services for clients and uninterrupted payments to providers**

Questions?

Visit the ProviderOne Internet

http://maa.dshs.wa.gov/providerone

Sign-up for email distribution list to receive updates